

To Whom It May Concern:		Date:
give my consent for that any relevant in	or information concerning formation he may requ	ic Law 93-579 (The Privacy Act of 1974), I hereby ng me to be furnished to Senator Jon Kyl. I request ire in order to assist in responding to my inquiry, as his nce with the provisions of the law.
Name (in full):		
Address:		
City, State, Zip:		
Phone:	(Home)	(Work)
•	ted another Congression	nal office, please list the Senator/Representative's
Please provide the for Government Agen	ollowing information, who	ere appropriate:
Social Security Nu	mber:	
Civil Service Clair	n Number:	
Veteran's Claim N	umber:	
Branch of Service	Rank:	
Date & Place of B	irth:	
Briefly explain the p	problem or the information	n desired. (Attach separate sheets if necessary)
	Sign	ature•

If you reside in Cochise, Pima or Santa Cruz counties, please return completed form to the Senator's Tucson office. All other Arizona residents send your form to the Phoenix office.

Phoenix Office 2200 East Camelback Road, Suite 120 Phoenix, AZ 85016 (602) 840-1891 Tucson Office 7315 North Oracle Road, Suite 220 Tucson, AZ 85704 (520) 575-8633